Appendix

CLERKING PROFORMA FOR SUSPECTED LEGIONELLA

Version 6 A&E 09/08/2002

- Place patient ID sticker on all 3 pages
- Circle positive findings and strike through negative findings
- Unmarked suggests unchecked
- Use in conjunction with explanatory notes
- Any feedback to A&E consultant

PLACE PATIENT ID STICKER HERE	

PHASE 1 - INITIAL DATA FROM TRIAGE NURSE

HISTORY - within half mile of	f Barrow town hall s	since 1 st July?	Yes / No	
SYMPTOMS Date of onset Onset abrupt / gradual		General fever / chills / sweats / rigors / shivers / tiredness / muscle aches / headaches		
		Respiratory dry cough / productive cough / chest pain / shortness of breath		
Date of any deterioration		GI decreased appetite / nausea / vomiting / diarrhoea / abdominal pain		
Date of previous admission/attendance A & E/GP for suspected Legionella		Other symptoms		
SOCIAL HISTORY		PAST MEDICAL	HISTORY - Please document any significant medical history	
Smoker	Yes / No			
Lives alone / poor supervision a	at home Yes / No			
Recent antibiotic treatment? (dr started)	ug and date			
GENERAL IMPRESSION	well / flushed /	unwell / very unwell		
TIME OF OBSERVATIONS	h	_hh	MANACEMENTE DI AN Cindando de la del	
Temperature			MANAGEMENT PLAN - Circle when completed	
HR			Bloods FBC U&E LFT CRP Consider clotting screen if unwell or on anticoagulants	
BP			Urine Ask all patients for a specimen and send for legionella	
RR			antigen unless previously sent by GP or A&E	
Saturation/FiO2			CXR If indicated e.g. respiratory symptoms, SaO2<96% on air, RR > 18. If in doubt discuss with senior doctor	
AVPU				
TRIAGE CATEGORY	LEADLE CONTENT	V. /N.	LEGIONELLA POSSIBLE? Yes/No ALTERNATIVE DIAGNOSIS POSSIBLE? Yes/No	
PATIENT INFORMATION I	LEAFLET GIVEN	res / No	(Write differential diagnoses)	
SIGNATURE		DATE / T	TIME	

PHASE 2 - MEDICAL DATA

PHASE 2 – MEDICAL DATA			
DOCTOR NAME GRADE DATE / TIME		PLACE PATIENT ID STICKER HERE	
HISTORY – Significant history not recorded in Ph	ease 1 including prev	viously suspected legionella	
DRUG HISTORY - With doses	PAST MEDICAL HISTORY		
	Diabetes / Cancer / IHD / AF	/ Alcohol XS / Chronic illness / Immunosupression / Renal disease	
	OTHER		
ALLERGIES Yes / No			
EXAMINATION	1		
GENERAL IMPRESSION looks well /	flushed appearance	/ generally weak / looks toxic / delirium	
cvs			
RS			
GIT			
CNS / PNS			
INVESTIGATIONS & RESULTS		LEGIONELLA RISK SUMMARY &	
Blood results – sign laboratory reports and write in abnormal results FBC Biochemistry	n below any significo	Patient admitted / discharged 1 Legionella clinically diagnosed or suspected	
Urinalysis		 2 Legionella remains clinically possible 3 Clinically excluded (state alternate diagnosis) 1 and 2 copy proforma to Public Health at FGH 	
Dipstick findings if done Sent for urinary antigen Yes / No by A&E / GP)	1 – 3 if patient discharged copy with patient for GP	
CXR - Normal / lobar / multilobar / Pleural effusion ECG indicated Yes / No ABG indicated Yes / No Time sent FiO2 Further investigations according to differential decording to the sent FiO2	2	onia ALTERNATIVE DIAGNOSIS POSSIBLE? Yes/No (Write differential diagnoses)	

PHASE 3 – MANAGEMENT

1) PATIENT ADMITTED

TIME OF DECISION TO ADMIT	
OXYGEN – AMOUNT/ METHOD OF DELIVERY	
LARGE IV CANNULA SITED	Yes / No
PRESCRIBE ANTIBIOTICS & COMPLETE PRESCRIPTION CHART	
Clarithromycin 500mg BD (if IV give in 250mls or 500mls of 0.9%NaCl over 1 hour) AND Rifampio	cin 300mg BD (oral where possible)
NOTE - If patient is Clarithromycin intolerant prescribe Ciprofloxacin 500mg BD PO <u>OR</u> 400 mg BD - Check any interactions	D IV)
PRESCRIBE ANTIPYRETICS	Yes / No
ARE ANALGESICS REQUIRED?	Yes / No
IV FLUIDS PRESCRIPTION – start with 0.9% NaCl + 20 mmol KCl / litre	Yes / No
ALTERNATIVE DIAGNOSIS POSSIBLE? Yes/No (Write treatment required for other conditions and continue in detail on casualty card or admission sheets of appropria	ate specialty)

2) PATIENT DISCHARGED

2) PATIENT DISCHARGED		
TIME OF DECISION TO DISCHARGE		
PRESCRIBE ANTIBIOTICS		
Erythromycin 500mg 6 hourly X 10 days OR Ciprofloxacin 500mg 12 hourly x 10 days		
GIVE PATIENT DISCHARGE LEAFLET	Yes / No	
REVIEW ARRANGED	Yes / No	
ТҮРЕ	A&E / Medical clinic / GP	

SIGNATURE	DATE / TIME	
GRADE		